

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**


Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Love		Ted	Wendell

1. Office, Agency, or Court

Agency Name

California Institute for Regenerative Medicine

Division, Board, Department, District, if applicable

Your Position

ICOC Governing Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date _____☐ The period covered is _____ through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule**5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

Emeryville

CA

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/30/2011
(month, day, year)

Signature

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

NAME OF SOURCE OF INCOMEOnyx Pharmaceuticals

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotechnology

YOUR BUSINESS POSITION

EVP, R&D Technical Operations

GROSS INCOME RECEIVED

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary

☐ Spouse's or registered domestic partner's income

☐ Loan repayment☐ Partnership

☐ **Sale of**

(Property, car, boat, etc.)

☐ **Commi**

☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

INTEREST RATETERM (Months/Years)

ADDRESS (Business Address Acceptable)

%☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None☐ Personal residence**HIGHEST BALANCE DURING REPORTING PERIOD**☐ Real Property

Street address

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor☐ Other

(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ARCA Biopharma

ADDRESS (Business Address Acceptable)

8001 Arista Place, Suite 200 Broomfield, CO 80021

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotechnology

YOUR BUSINESS POSITION

Board Member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Santarus Inc

ADDRESS (Business Address Acceptable)

3721 Valley Centre Drive San Diego, CA 92130

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotechnology

YOUR BUSINESS POSITION

Board Member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

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(Property, car, boat, etc.)

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(Describe)

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NAME OF LENDER*

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- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Affymax, Inc

ADDRESS (Business Address Acceptable)

4001 Miranda Avenue Palo Alto, CA 94304

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Board Member

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
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(Describe)

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YOUR BUSINESS POSITION

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☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____